

# Wisconsin Medicaid update and BadgerCare

January 2003 • No. 2003-01

PHC 1929

Wisconsin Medicaid and BadgerCare Information for Providers

To:

Ambulatory  
Surgery Centers

End Stage Renal  
Disease Service  
Providers

Family Planning  
Clinics

Inpatient Hospital  
Providers

Institutes for  
Mental Disease  
Providers

Nurse  
Practitioners

Nursing Homes

Outpatient  
Hospital  
Providers

Physician  
Assistants

Physician Clinics

Physicians

Portable X-ray  
Providers

Rural Health  
Clinics

HMOs and Other  
Managed Care  
Programs

## Wisconsin Medicaid revises Prior Authorization Physician Attachment (PA/PA)

Wisconsin Medicaid has revised the Prior Authorization Physician Attachment (PA/PA). Providers are encouraged to discontinue using old versions of the PA/PA and begin using the new form, HCF 11016, dated 01/03.

### Revised Prior Authorization Physician Attachment

Wisconsin Medicaid has revised the Prior Authorization Physician Attachment (PA/PA).

The basic information requested on the form has not changed; only the format of the form has changed. Providers submit the PA/PA for physician services in conjunction with the Prior Authorization Request Form (PA/RF).

Wisconsin Medicaid encourages providers to discontinue using old versions of the PA/PA and begin using the new PA/PA, HCF 11016, dated 01/03. The new PA/PA and completion instructions, which may be photocopied for future use, are included as attachments 1 and 2 of this *Wisconsin Medicaid and BadgerCare Update*.

The revised PA/PA is also available in a fillable Portable Document Format (PDF) from the forms section of the Wisconsin Medicaid Web site. To get to this section, go to [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/). Choose “Providers” from the options listed in the

Wisconsin Medicaid main menu. Then choose “Provider Forms” from the “Provider Publications and Forms” topic area. The fillable PDF may be accessed using Adobe Acrobat Reader®\* and completed electronically. To use the fillable PDF, click on the dash-outlined boxes to enter information. Press the “Tab” key to move from one box to the next.

To request paper copies of the revised PA/PA and completion instructions, call Provider Services at (800) 947-9627 or (608) 221-9883. Questions about the PA/PA may also be directed to Provider Services at the telephone numbers above.

### Submitting prior authorization requests

Prior authorization requests may be submitted by fax to Wisconsin Medicaid at (608) 221-8616. Providers who wish to submit PA requests by mail may do so by submitting them to the following address:

Wisconsin Medicaid  
Prior Authorization  
Ste 88  
6406 Bridge Rd  
Madison WI 53784-0088

## Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

---

\*The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site at [www.adobe.com/](http://www.adobe.com/). Adobe Acrobat Reader® does not allow users to save completed fillable PDFs to their computer. Refer to the Adobe® Web site for more information on fillable PDFs.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

# ATTACHMENT 1

## Prior Authorization Physician Attachment (PA/PA) Completion Instructions

(A copy of the "Prior Authorization Physician Attachment [PA/PA]" Completion Instructions is located on the following page.)

## WISCONSIN MEDICAID PRIOR AUTHORIZATION PHYSICIAN ATTACHMENT (PA/PA) COMPLETION INSTRUCTIONS

Complete the Prior Authorization Physician Attachment (PA/PA), including the Prior Authorization Request Form (PA/RF), and submit it by fax to (608) 221-8616. Providers also have the option of submitting PA requests by mail to the following address:

Wisconsin Medicaid  
Prior Authorization  
Ste 88  
6406 Bridge Rd  
Madison WI 53784-0088

Providers with questions about completing PA requests should call Provider Services at (800) 947-9627 or (608) 221-9883.

To obtain copies of PA forms, providers have the following options:

- Refer to the forms area of the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/) to download the file and print it.
- Photocopy the attachment.
- Order copies by writing to Wisconsin Medicaid. Include a return address, the name of the form, and the number of copies needed. Mail the request to the following address:

Wisconsin Medicaid  
Form Reorder  
6406 Bridge Rd  
Madison WI 53784-0003

### SECTION I — RECIPIENT INFORMATION

#### Element 1 — Name — Recipient (Last, First, Middle Initial)

Enter the recipient's last name, first name, and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

#### Element 2 — Date of Birth

Enter the recipient's date of birth in MM/DD/YYYY format.

#### Element 3 — Wisconsin Medicaid Identification Number

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters.

### SECTION II — PROVIDER INFORMATION

#### Element 4 — Name — Performing Provider

Enter the name of the provider who would perform/provide the requested service/procedure.

#### Element 5 — Performing Provider's Medicaid Number

Enter the eight-digit Medicaid provider number of the physician performing the service.

#### Element 6 — Telephone Number — Performing Provider

Enter the telephone number, including area code, of the provider performing the service.

#### Element 7 — Name — Ordering / Prescribing Physician

Enter the name of the referring/prescribing physician in this element.

### SECTION III — SERVICE INFORMATION

The remaining portions of this attachment are to be used to document the justification for the requested service/procedure.

1. Complete Elements A through C.
2. Read Element 22 of the PA/RF before signing and dating the PA/PA.
3. Sign and date the PA/PA (Element D).

ATTACHMENT 2  
Prior Authorization Physician Attachment (PA/PA)  
(for photocopying)

(A copy of the "Prior Authorization Physician Attachment [PA/PA]" is located on the following pages.)

(This page was intentionally left blank.)

**WISCONSIN MEDICAID  
PRIOR AUTHORIZATION PHYSICIAN ATTACHMENT (PA/PA)**

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form. If necessary, attach additional pages if more space is needed. Refer to the Physician Services Handbook for service restrictions and additional documentation requirements. Provide enough information for Wisconsin Medicaid medical consultants to make a reasonable judgement about the case.

Attach the completed Prior Authorization Physician Attachment (PA/PA) to the Prior Authorization Request Form (PA/RF) and send it to Wisconsin Medicaid. Providers may submit PA requests by fax to Wisconsin Medicaid at (608) 221-8616. Providers who wish to submit PA requests by mail may do so by submitting them to the following address:

Wisconsin Medicaid  
Prior Authorization  
Ste 88  
6406 Bridge Rd  
Madison WI 53784-0088

The provision of services which are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

---

**SECTION I — RECIPIENT INFORMATION**

---

1. Name — Recipient (Last, First, Middle Initial)

2. Date of Birth (MM/DD/YYYY)

3. Wisconsin Medicaid Identification Number

---

**SECTION II — PROVIDER INFORMATION**

---

4. Name — Performing Provider

5. Performing Provider's Medicaid Number

6. Telephone Number — Performing Provider

7. Name — Ordering / Prescribing Physician

**SECTION III — SERVICE INFORMATION**

A. Describe diagnosis and clinical condition pertinent to service or procedure requested.

B. Describe medical history pertinent to service or procedure requested.

C. Supply justification for service or procedure requested.

**D. SIGNATURE** — Physician

Date Signed